NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733901

1. Entity Name

THE FLORIDA SOCIETY OF DERMATOLOGY, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3375-E CAPITAL CIRCLE NE	3375-E CAPITAL CIRCLE NE
Suite, Apt. #, etc.: SUITE 4	Suite, Apt. #, etc.: SUITE 4
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number: 59-1747553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LARRY BODKIN

Street Address (P.O. Box Number is Not Acceptable): BODKIN MANAGEMENT AND CONSULTING, LLC
3375-E CAPITAL CIRCLE NE, SUITE 4

City: TALLAHASSEE, FL **FL** Zip Code: 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: L.E. Bodkin, Jr. LARRY BODKIN EXECUTIVE DIRECTOR 4-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT - DIRECTOR	TITLE	200005452172--7
NAME	DAVID T. HARVEY, M.D.	NAME	-05/06/02--01023--005
STREET ADDRESS	250 A1A NORTH, SUITE 5	STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT - DIRECTOR	TITLE	
NAME	MARK S. NESTOR, M.D.	NAME	
STREET ADDRESS	2925 AVENTURA BLVD., SUITE 205	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER - DIRECTOR	TITLE	
NAME	BARRY I. RESNIK, M.D.	NAME	
STREET ADDRESS	7800 SW 87th AVENUE, SUITE B-200	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	IMMEDIATE PAST PRESIDENT	TITLE	**IN THIS SPACE**
NAME	ARMAND B. COGNETTA, M.D.	NAME	
STREET ADDRESS	1707 RIGGINS ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	PAST PRESIDENT	TITLE	
NAME	MARK R. KAISER, M.D.	NAME	
STREET ADDRESS	301 EAST OSCEOLA STREET	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: David T. Harvey MD 4-9-02 904-285-7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #